

July 10, 2003

Department of Administration Drug Free Workplace & Testing Policy

I. Purpose

The purpose of this policy is to

1. provide all applicants and employees with notice of the drug and alcohol program provisions for the Department of Administration (hereafter DOA);
2. promote a drug and alcohol free workplace for our employees;
3. meet testing requirements set forth by the Criminal Justice Training and Standards Commission for certified law officers;
4. comply with the requirements of the Omnibus Transportation Employee Testing Act of 1991.
5. comply with the Drug Free Workplace Act of 1988

II. Statement

The Department of Administration is committed to the health, safety, and welfare of its employees and the public we serve. As a part of this commitment, DOA expects its employees to be fit, alert and prepared to perform their jobs safely and productively for the benefit of all concerned.

As a part of this commitment, DOA will implement a drug and alcohol-testing program. DOA will ensure that DOA employees whose work requires a commercial driver's license comply with federal drug and alcohol testing requirements and that certified law enforcement personnel comply with the testing requirements of the North Carolina Criminal Justice Training and Standards Commission. In addition, all DOA employees will be subject to drug and alcohol testing under DOA authority as outlined in this policy.

Questions regarding this policy and its requirements may be directed to a supervisor, Division Director or the Safety Director for the Department of Administration (919-733-4606, Department of Administration 116 West Jones Street, Raleigh, NC 27587).

III. Policy

Alcohol - DOA prohibits the unlawful manufacture, distribution, dispensing, possession, purchase, sale, or use of alcohol during work hours, while on DOA premises, while performing any duties for or on behalf of DOA or while in a DOA vehicle. Further DOA prohibits personal use of alcohol that may cause unsafe job performance or loss of workplace morale. This means no employee shall perform job duties with a detectable level of alcohol in his or her system. Employees performing safety sensitive duties as law officers or operating equipment or machinery shall not perform these duties within 4 hours of consuming alcohol.

Drugs - DOA recognizes that impairment or reduced abilities may create a hazard in the

workplace as a result of on or off duty use of drugs. Therefore, DOA prohibits the unlawful manufacture, distribution, dispensing, possession, purchase, sale, or use of drugs by its employees at any time. Likewise, DOA prohibits the performance of duties with any unlawful drug in the employee's system at or above the testing cutoff levels set by the U.S. Department of Health and Human Services.

Medication - Any prescription medication used by an employee must be in the name of the employee and used in the amount and manner prescribed, consistent with any usage warnings. Any over the counter medication must be used in accordance with manufacturer directions and warnings. Medication use that may adversely affect job performance must be reported to the employee's supervisor along with a medical recommendation from a prescribing professional in the case of prescription medication.

Arrest or Convictions - An employee must notify his or her supervisor or the supervisor's designee verbally or in writing of any drug or alcohol statute conviction within five days of the conviction. This includes convictions for driving under the influence if the employee's duties include driving a DOA vehicle or operating DOA equipment.

IV. Substance Abuse Awareness and Education

DOA will provide designated supervisors 60 minutes of training regarding the signs and symptoms of alcohol misuse and an additional 60 minutes of training regarding the signs and symptoms of drug use to assist these supervisors in recognizing probable drug or alcohol. The training will be combined into a 2-hour session.

Additionally, DOA will provide drug and alcohol awareness materials to all its employees to help them understand the consequences of alcohol misuse and drug misuse in their personal lives and in the workplace and to help them recognize the signs of this use or abuse.

DOA also will provide each employee with a copy of its drug and alcohol policy so the employee will be prepared to meet the expectations and standards set forth in the policy.

DOA encourages any employee that is experiencing problems with alcohol or drugs to seek help. Employees are encouraged to take advantage of services offered through the State Employees' Assistance Program (EAP). The EAP offers confidential and professional assessment and referral services for the treatment of alcohol and drug problems.

V. Safety Director

The DOA Safety Director will be responsible for the administration of this policy. The Safety Director and his designees will receive and act on drug and alcohol test results, and will make decisions based on the administration of this policy. The Safety Director may consult with the legal counsel or other appropriate professionals as a part of any decision making process.

VI. Supervisor Responsibility

Supervisors who have undergone training for the recognition of substance abuse in the workplace will be responsible for determining when an employee must undergo either or both drug and alcohol reasonable suspicion testing. Such a determination will be based on documented specific, describable observations such as appearance, behavior, and speech or body odors when those observations are immediately prior to, immediately after, or during the performance of duties for DOA.

Prior to instructing an employee to undergo testing, the supervisor will consult with a Division Director or his or her designee or a representative of the Safety Director.

The supervisor must arrange for the employee to be transported to the collection or testing facility to initiate the testing process. The supervisor also will offer access to transportation away from the collection facility to the employee's designated location and will document if the employee refuses that transportation.

Each supervisor will become familiar with the policy in order to answer employee questions regarding this program and will be responsible for instituting disciplinary action necessary as a result of violation of this policy.

A supervisor may reassign work duties temporarily or place an employee on a sick day or vacation if an employee's work performance might be adversely affected by the use of a medication. DOA may require an employee to provide a written release from the prescribing professional to allow the employee to perform safety sensitive job duties.

VII. Employee Responsibility

DOA employees shall not engage in conduct relating to drugs and alcohol in violation applicable regulations and federal laws or in variance with the requirements of this policy.

Specifically, DOA employees shall not operate any DOA vehicle or equipment or perform any duties for or on behalf of DOA after engaging in conduct prohibited under this policy.

A DOA employee who has entered into a treatment program as a result of a management directed referral may not perform the duties of a sworn law enforcement officer, operate a DOA vehicle, operate other equipment or perform any safety duty until that employee has been cleared for the performance of such duties by the State EAP.

DOA employees must report promptly within five days verbally or in writing to their supervisor any drug or alcohol statute conviction or be subject to dismissal. If the employee's duties include driving a DOA vehicle or operating equipment, this reporting requirement extends to an arrest for driving under the influence of alcohol or drugs.

DOA employees shall not perform any type of duty for DOA while using prescription or over the counter medication that could adversely effect the safety of themselves or coworkers without reporting the medication use to a supervisor.

VIII. Intervention

DOA will require drug and alcohol testing as follows:

All Employees:

Reasonable Suspicion testing for drugs and/or alcohol will occur when a trained supervisor has reasonable concern to believe an employee has engaged in conduct in violation of this policy. Such a determination must be based on documented specific, describable, contemporaneous observations concerning the appearance, behavior, and speech or body odors of the driver. Prior to such testing, the Division Director, his or her designee, or a representative of the DOA Safety Director must approve this testing based on written documentation regarding the reason for the concern.

Following a decision to test, the employee will be escorted directly to an appropriate collection site and then will be offered safe transportation to a designated location. A reasonable Suspicion drug testing form must be completed and forwarded to the Safety Director.

Post accident testing for drugs and/or alcohol will occur when an employee is involved in a significant workplace accident meeting the definition of an OSHA catastrophe, (three or more employees are hospitalized) or if in a vehicular accident, resulting in an

injury requiring medical treatment for any involved party, or when there has been property damage of \$ 3,000.

Return to duty and follow-up drug and/or alcohol testing will occur following a violation of this policy. The employee will be subject to return to duty testing and must produce a negative result to a drug test before returning to job duties. The employee will also be subject to follow-up testing for a period of one year.

Sworn Law Officers:

In addition to the testing applicable to all employees, Sworn Law Enforcement personnel will be subject to drug testing as required under Criminal Justice Training and Standards Commission requirements for pre-employment and for position transfer drug testing.

Employees in positions requiring a CDL:

In addition to the testing applicable to all employees, those employees who perform CDL duties for DOA will be subject to:

Pre-employment or pre-duty (transferred employees) testing for drugs prior to the first time an individual performs safety sensitive duties as a CDL driver for DOA.

Post Accident testing for drugs and alcohol following a vehicular accident in a commercial motor vehicle if the accident involves loss of human life or if the CDL driver receives a moving traffic citation as a result of the accident and either medical treatment is required away from the scene of the accident as a result of the accident or any involved vehicle receives disabling damage as a result of the accident.

Drug and alcohol testing must occur as soon as possible following the accident. If drug testing is not completed within 32 hours of the accident, reasons for failure to complete this testing will be documented and testing attempts will cease. Alcohol testing must be conducted within 2 hours of such an accident or a report will be prepared explaining why the test was not promptly administered. If the test is not completed within 8 hours, alcohol-testing attempts will cease and a report will be prepared to document the reason for failure to test.

It is the responsibility of the driver, unless unavoidably prevented, to report immediately any accident to his or her transportation supervisor and then to report to the designated collection facility for testing. The driver may not consume alcohol prior to completing the alcohol test or for a maximum of 8 hours, whichever comes first.

Reasonable Suspicion testing for drugs and/or alcohol when a supervisor who has undergone alcohol and drug recognition training determines there is cause to believe a driver has engaged in prohibited conduct regarding the misuse of alcohol or use of drugs. Such a determination must be based on documented specific, describable, contemporaneous observations concerning the appearance, behavior, speech or body odors of the driver. The driver will be escorted to an appropriate collection site to initiate the testing process and then will be offered safe transportation to a designated location. Testing will be accomplished in a timely manner as described for post accident testing.

Random testing for drugs and/or alcohol through a computer generated random selection process. Periodic updates to the roster will assure complete driver pools and will provide equal opportunity for any driver to be selected in any selection period. Records documenting this program will be maintained at least two years. Testing will occur at annualized rates determined yearly by FHWA. Testing will be spread reasonably throughout a 12-month period. Selected drivers will be notified of their selection for alcohol and/or drug testing and instructed to proceed directly and immediately to the designated collection facility.

Blind Sample testing for drugs as a part of a quality control program. Samples will be submitted at a rate of 3 samples per 100 specimens submitted for testing. These samples will be provided as a part of DOA's Medical Review program.

Return to Duty and Follow-up testing for drugs and/or alcohol will apply to drivers who return to safety sensitive positions after engaging in prohibited drug or alcohol conduct. After a successful return to duty test, there must be a minimum of 6 follow-up tests in the first 12 months after returning to duty if the driver has undergone chemical dependency treatment. The employee could be tested for up to 5 years as prescribed by substance abuse professional. Safety director will be notified of all drug tests.

IX. Consequences of Prohibited Behavior

An employee engaging in the unlawful manufacture, distribution, dispensing, possession, purchase, sale, or use of alcohol or drugs on the job will be dismissed.

An employee undergoing reasonable suspicion or post accident testing will be placed on investigative status with pay until test results are received. If test results are negative, the employee will be returned to duty, but may be subject to disciplinary action in accordance with DOA personnel policy.

An applicant producing a verified positive drug test will not be offered employment with DOA.

An employee producing an alcohol test with a concentration of 0.02 to 0.039 BAC will be removed from duty immediately for at least 24 hours and placed on investigative status subject to disciplinary action up to and including dismissal.

An employee producing a verified positive drug test or confirmed positive

alcohol test of 0.04 BAC or greater will be subject to disciplinary action up to and including dismissal. At the discretion of DOA, an employee may be given a Management Directed Referral to the State EAP for assessment and referral services. This opportunity for referral means the employee must undergo evaluation to determine if there is a need for assistance, and if that need is determined, must undergo any recommended treatment. An employee's failure to adhere to a management directed referral will result in their inability to return to job duties. A second positive drug or alcohol test within five years will result in immediate dismissal for failure of personal conduct.

An employee who drives away from the testing facility with an alcohol level of 0.02 BAC will be dismissed.

An individual who refuses to submit to testing, as defined by this policy, will be denied employment with DOA or, if employed with DOA, will be subject to disciplinary action up to and including dismissal.

Failure to comply with any requirement of this policy will result in disciplinary action up to and including dismissal.

Return to Duty Requirements

Following a drug or alcohol violation, the employee must undergo evaluation by an EAP Consultant or, in the case of employees covered by FHWA rules, a Substance Abuse Professional (SAP). The employee must undergo an assessment by an EAP consultant. At the direction of the consultant or SAP, the employee will undergo return to duty testing for either or both alcohol and drugs. Further, if the EAP Consultant or SAP recommended treatment, a follow-up testing program will be conducted for up to five years as determined by the EAP Consultant or SAP and the DOA Safety Director.

NOTE: A CDL driver who has a drug or alcohol violation under FHWA rules is not allowed to resume safety sensitive duties for any motor carrier until undergoing evaluation by a Substance Abuse Professional, completing any recommended treatment, and completing a return to duty test at the direction of the SAP. Additionally, if treatment was recommended, the driver must undergo at least 6 follow-up tests in the 12 months after return to duty and will be subject to follow-up testing for four more years.

The employee may take sick days, accrued vacation days, or go on leave without pay status to complete any required rehabilitation after undergoing evaluation. If approved by the EAP Consultant or SAP, the employee may be placed on restricted duty if such a position is available. The Safety Director or his designee must approve such measures.

Likewise, following a violation, an employee may be reassigned duties for reasons of health; safety and public protection until recommended rehabilitation has been successfully completed.

Entering into or participating in a treatment program does not preclude

DOA from administering appropriate disciplinary measures consistent with this or other DOA policy.

X. Test Substances

Testing for drugs and alcohol will occur immediately prior to, during, or immediately after performing job duties.

Testing under this policy will include urine testing for amphetamines, cocaine, marijuana, opiates, and phencyclidine or their metabolites. At the discretion of DOA, based on evidence or particularized need, additional drugs may be included in the test panel.

Breath or saliva will conduct alcohol testing. In certain specific post accident or reasonable suspicion instances, blood-testing results for alcohol or drugs may be accepted from law enforcement agencies or medical findings, if DOA determines the testing was conducted within acceptable technical parameters.

XI. Specimen Collection Procedures

Urine Collections

Collection of urine specimens procedures include suitable donor identification, secured collection restroom with blueed toilet water, and a strict external and internal chain of custody to assure specimen integrity.

Qualified medical personnel or personnel trained in urine drug test collection procedures will perform urine collections for the drug testing. Under most circumstances, the urine specimen will be provided unobserved. Observed collections will be carried out in circumstances mandated by DOT regulation. For example, an observed collection would occur after a collector received an initial sample where there was cause to suspect sample substitution or adulteration or if directed by DOA because the individual had a previous tampered with specimen. Observed collections also may occur for other testing in needful circumstances if authorized by DOA in order to protect the integrity of the collection process.

Each urine specimen collected under DOT requirements will be divided to make two specimens. The primary specimen will be at least 30 mls with the remaining volume of at least 15 mls constituting the 'split' specimen. Both specimens will be properly identified and sealed in the donor's presence using tamper evident identification seals from the Federal Drug Testing Custody and Control form. Both the form and the seals are pre-printed with matching identification numbers. Copies of the completed custody form will accompany the specimens that are shipped to the designated, certified testing

laboratory.

Collections for testing under DOA authority will follow the same protocol, but will use a non-Federal custody and control form and may use a single specimen rather than a split specimen.

If the individual cannot provide an adequate urine specimen, the individual may consume up to 40 ounces of fluid over 3 hours to facilitate providing an adequate specimen.

Breath or saliva collections

Breath or saliva specimens will be collected by a technician who has been trained to proficiency and certified in the operation of a NHTSA approved alcohol-testing device.

The technician and the donor jointly will complete reporting information for the collection and testing of the specimen. A USDOT reporting form will be used for testing under FHWA authority and a non-DOT form will be completed for testing under DOA authority.

Refusal to Submit to Testing

If the individual does not provide a sufficient urine specimen within the time period required by DOT or an adequate breath specimen following the second attempt, the collection process will be discontinued and the designated DOA representative will be notified promptly.

DOA will inform the individual that he or she may submit medical evidence from a personal physician of the inability to provide the required specimen. Failure to provide this information will be deemed a refusal to submit to required testing and the donor will be subject to disciplinary action set forth in this policy.

If an applicant is unable to provide an adequate volume of urine for testing due to a documented long term or permanent condition, the applicant will be afforded an alternative process for completing testing. The process may include a medical examination to determine the presence or absence of clinical evidence indicative of substance abuse. A blood test may be part of the procedure to make this clinical determination.

Failing to arrive for specimen collection or testing, obstructing the testing process, or failing to remain available for required testing also will be considered refusal to test. Obstructing the testing process includes specimen adulteration, substitution, or dilution when such actions are reported by collection technician, testing laboratory or a Medical Review Officer.

XII. Testing Procedures

Laboratory

A DHHS certified laboratory will conduct all drug testing. Such testing will follow the required protocols and quality assurance requirements established by DHHS and DOT guidelines for DOT tests and by industry standards for tests conducted under DOA authority.

Drug Testing Process

Initial screening of primary urine specimens submitted to the laboratory will be performed using an immunoassay process. Any specimen indicating the positive presence of any of the screened drugs will undergo a confirmatory procedure known as Gas Chromatography/Mass Spectrometry (GC/MS). Cutoff levels to determine positive drug tests will be determined by DHHS guidelines where available and otherwise by industry standards.

Specimen Storage

Split specimens submitted to the initial testing laboratory will be maintained in frozen storage for 60 days from the date of arrival if a positive test occurs on the primary specimen. Any specimen found positive after GC/MS, whether a primary, split, or remainder of the single specimen, will be maintained in frozen storage for at least 365 days by the laboratory conducting the test.

Alcohol Testing Process

Alcohol testing will be conducted by a certified technician using an alcohol-testing device that meets specified USDOT guidelines. An initial test of 0.02 BAC or greater will result in a 15 to 30 minute oral ingestion deprivation period where the individual is instructed not to consume any product orally followed by a confirmation test conducted by a certified Breath Alcohol Technician (BAT) using an evidential breath testing (EBT) device. This period assures that the confirmation test result is a true measure of any alcohol in the individual's body. The result of the confirmation test will act as the final test result.

The devices and protocols used in this testing will meet the Quality Assurance Plan developed by the device manufacturer and approved by DOT. BAT personnel will maintain external calibration check records in accordance with the plan requirements and will perform an external calibration check following any confirmed positive alcohol test of 0.02 BAC or above. If the calibration check is not consistent with the plan, the BAT

will cancel the positive test and the device will be placed out of service until recalibration is completed successfully.

The EBT device used in confirmation testing must provide a printed result in triplicate for each breath test with the report containing a sequential test number that can be viewed by the BAT and the individual prior to printing. It also must be capable of printing specific equipment identification information on the results document to verify the use of an approved EBT.

The alcohol testing form will be completed in triplicate for every alcohol test. The individual, the employer, and the technician will receive a copy of this report. This form contains certifying statements by both the individual and the technician on testing aspects. The printout of the EBT reading for all confirmation tests will be attached to in a secure manner, or printed on, the testing form. This paperwork assures proper correlation between test result and donor identification.

The use of trained personnel and approved testing devices maintained and operated in accordance with the approved Quality Assurance Plan will provide the employee with assurance of the accuracy and integrity of the alcohol test process.

XIII . Drug Verification Process

Medical Review

All urinalysis results will be sent by the certified laboratory directly to the designated Medical Review Officer (MRO). The MRO is a special physician (MD or DO) who has knowledge of substance abuse disorders and who receives and reviews drug test results. If an individual produces a confirmed positive urine test, that individual will be given the opportunity to present an a legitimate medical explanation for the positive test to the MRO who then will make a final decision on the disposition of the test. Upon completion of all review procedures, the MRO will report a verified test result to DOA. If the individual is unable to provide an acceptable medical explanation for the presence of the substance, the MRO will report a positive test. DOA's position on a verified positive drug test is that the presence of a drug at or above the cutoff levels set by DHHS to determine a positive test constitute failure of personal conduct for the safety and well-being of the workplace and the public we serve and as such will subject the individual to disciplinary action. Further, under USDOT rules, the MRO cannot accept the use of medical marijuana or hemp products as an acceptable explanation for a positive marijuana test. DOA will follow the same guidance for testing under DOA authority.

Reconfirmation Testing

Within 72 hours of notification of a verified positive test, an individual may request through the MRO that the split specimen or remainder of the single specimen be tested at another DHHS certified laboratory. The reconfirmation result will be considered positive

if GC/MS determines the presence of the drug in question without regard to cutoff levels, which applied to the first testing process.

The individual will be responsible for the cost of the re-confirmation unless the MRO cancels the tests through MRO review.

XIV. Recordkeeping

DOA will maintain or cause to be maintained the following records:

Five Years

- a. Confidential reports on alcohol tests reporting alcohol concentration of .02 BAC or greater or any verified positive drug test
- b. Documentation of refusals to take required alcohol or drug tests
- c. Calibration documentation from the EBT equipment
- d. Driver evaluation and referral documentation, including SAP evaluations and documentation of donor compliance with SAP evaluations
- e. Quarterly statistical laboratory summaries and consolidated calendar year statistical summaries containing the data to complete the standard management information system (MIS) form required by DOT.

Two Years

- a. Records relating to the alcohol and drug collection process (except for calibration records per above) including
 - random selection process information
 - documentation of BAT training
 - reasonable cause testing decision documentation
 - post accident testing decision documentation
 - documentation of donor inability to provide breath/urine specimen
- b. Supervisor training records and employee information acknowledgment forms

One Year

- a. Records of negative drug tests, canceled tests, and alcohol tests reporting an alcohol concentration below .02 BAC
- Specific required information and records the Company will maintain include but are not confined to
- a. Materials on alcohol misuse and drug awareness including a written copy of the alcohol misuse and substance abuse policy
 - b. Written acknowledgment by each driver of receiving copies of the above education material
 - c. Documentation of training for supervisors to assist them in determining the need of alcohol and/or drug

- reasonable suspicion testing
- d. Certification that any such training meets the requirements of DOT/FHWA
- e. Agreements with collection facilities, testing laboratory, MRO, and consortium
- f. The names of Employer representatives and their positions who have designated roles in the administration of this policy

Record Availability for Regulatory Authorities

Any of the above records will be made available to an authorized regulatory authority within two business days after a request has been made.

XV. Confidentiality and Release of Information

All information obtained as a result of this program will be maintained in secure confidential files. No information will be released without the written permission of the employee, except in the case of an action initiated by or on behalf of an employee such as, but not limited to, a grievance, workers' compensation hearing, or unemployment hearing, or as required by law. An applicant may receive a copy of his or her test results upon written request within 30 days of the test.

Applicants for DOT covered positions must sign an authorization form for the release of substance abuse testing data compiled by previous employers covered under the Omnibus Transportation Employee Testing Act of 1991 and its revisions. This information includes alcohol test results of 0.04 BAC or greater, positive drugs tests, refusals to test, and any other specified information for the required time period under FHWA rules. An applicant will be expected to provide to DOA information about drug and alcohol violations. Failure to provide this information will be considered falsification of data and will result in disqualification from the application process, or if the individual has assumed duties for DOA, dismissal.

GLOSSARY

Alcohol - constitutes any beverage, mixture, or preparation (including medication) containing as an intoxicating agent any low molecular weight alcohol such as ethyl, methyl or isopropyl alcohol.

Alcohol Concentration means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath.

Alcohol Test – a test to determine an individual’s concentration of alcohol via breath, saliva or blood.

BAC - breath alcohol concentration; used to report the level of breath alcohol. The same designation is used to report the concentration of alcohol in blood or saliva.

Breath Alcohol Technician (BAT) - a person trained to proficiency in the operation of an evidential breath testing device and in the alcohol testing procedures required by DOT.

CDL - refers to a Commercial Drivers License that is required to operate a commercial motor vehicle.

Commercial Motor Vehicle - is a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle

- 1) has a gross motor vehicle weight rating of at least 26,001 lbs. or a gross combination weight rating of at least 26,001 lbs. inclusive of a towed unit with a gross weight rating of more than 10,000 lbs.;
- 2) is of any size and used to transport any hazardous materials which requires the vehicle to be placarded;
- 3) or is designed to transport 16 or more persons, including the driver.

Confirmed Positive Alcohol Test - is the result of an initial and a confirmatory test via breath or other approved body fluid with both tests reflecting an alcohol concentration of 0.02 BAC or above.

Confirmed Positive Drug Test - is the result of the detection of one or more of the designated substances at thresholds at or exceeding the levels established by the US Department of Health and Human Services through two separate testing protocols.

DHHS – refers to the U.S. Department of Health and Human Services.

DOA Premises - constitutes any location where the employer engages in business activities, including parking lots, DOA vehicles, or any work sites.

DOT - refers to the United States Department of Transportation.

Drug - includes any substance listed on Schedules I through V as they may be revised under federal law in 21 CFR 1308.

Drug Test - constitutes an analytical procedure or chemical test to determine if specific drugs are present at a given time in a person's system.

Employee Assistance Program (EAP)- is a confidential and professional service designed to assist employees with a variety of personal concerns including alcohol and drug problems. EAP provides assessment and referral services aimed at helping employees resolve problems that could have a negative impact on job performance.

Evidential Breath Testing Device (EBT) - a device meeting requirements set forth by the National Highway Traffic Safety Administration and placed on their Conforming Products List for the evidential testing of breath alcohol.

FHWA - refers to the Federal Highway Administration.

Medical Review Officer (MRO) is a medical doctor (MD) or doctor of osteopathy (DO) who has knowledge in the field of substance abuse disorders and who, among other duties, receives, reviews, and evaluates confirmed positive drug tests.

Negative Drug Test - is the result of a testing process which has not found evidence of the presence of any one of the designated substances or its metabolite at thresholds established by the U. S. Department of Health and Human Services.

Over the Counter Medication - constitutes those medications legally available as over-the-counter purchases.

Performing a Safety Sensitive Duties for CDL drivers - covers the period of time when 1) an employee is performing the safety sensitive function, 2) ready to perform such a function, or 3) is immediately available to perform such a function. For CDL employees this includes but is not limited to, driving, waiting to be dispatched, inspecting equipment, time in or upon the motor vehicle while not actually driving (except resting in the sleeping berth), loading or unloading or supervising such, attendance with a disabled vehicle.

Prescription Medication - constitutes a substance prescribed to a specific individual by an authorized health care professional with that substance being used in the prescribed manner.

Substance Abuse Professional (SAP) - is a licensed MD or DO or a licensed or certified psychologist, social worker, employee assistance professional, or an addiction counselor certified through NAADAC or ICRC with knowledge of and clinical experience in the diagnosis and treatment of alcohol and drug related disorders. The SAP evaluates employees under DOT rules who engage in prohibited conduct involving drugs or alcohol. The State Assessment Program serves in the role of the SAP for NC Department

of Administration.

Verified Positive Drug Test - occurs when the Medical Review Officer has reviewed a confirmed positive test and found no acceptable medical alternative for the presence of the drug(s).

ALCOHOL

Alcohol is a “legal” drug. Laws regarding alcohol pertain to the age of legal consumption and conduct after consumption. Alcohol is a depressant, which progressively impairs mental functions and physical responses. A daily average of 3 servings of beer (12 oz. each), whiskey (1 oz. each), or wine (6 oz. each) is considered chronic alcohol use.

Sensations

Initially a relaxed, sociable feeling but may evolve into drowsiness, depression, anger, or aggression.

Signs & Symptoms of Use

- | | |
|-----------------------------|---------------------------|
| (Odor of alcohol on breath | (Reduced coordination |
| (Slurred speech | (Slowed mental processes |
| (Slowed reaction time | (Lowered inhibitions |
| (Loss of control | |

Health Effects

- | | |
|--|----------------------|
| (Fatal liver disease | (Memory loss |
| (Kidney disease | (Ulcers |
| (Increased chances of certain cancers | (Birth defects |
| (Physical and emotional dependency | (Neonatal mortality |

Statistics

- (Two-thirds of all homicides are committed by people who have been drinking prior to the crime.
- (2-3% of the driving population in the U. S. is legally drunk at any one time. This rate is DOUBLED at night and on weekends.
- (Two thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetime.
- (40% of family court situations are related to alcohol problems.
- (15-20% of alcohol users are “poly-drug abusers”.

Workplace Issues

(Impairment in coordination and judgment can be measured objectively after as little as two drinks.

A person who is intoxicated is 6 times more likely to have an accident than a person who has not been drinking.

AMPHETAMINES / METHAMPHETAMINES

Amphetamines are central nervous system stimulants. They “speed up” the body at lower doses and the mind at higher doses. Most illegal amphetamines are imported or manufactured in illicit crude laboratories, which often results in product contamination. These drugs can be taken orally, injected, or inhaled.

Sensations

Rush of pleasure, perceived increased alertness, excitement, sense of power, feelings of creativity, which can degenerate to depression and distorted perceptions

Signs & Symptoms of Use

- | | |
|---------------------------|----------------------------|
| (Talkativeness | (Aggressive behavior |
| (Loss of concentration | (Panic |
| (Restlessness, agitation | (Confusion |
| (Heavy sweating | (Wide pupils |
| (Irregular heart beat | (Increased blood pressure |
| (Euphoria | (Loss of appetite |

Health Effects

- (Possible induced heart attack or stroke due to spiking blood pressure
- (Heart and/or brain damage due to constriction of capillary blood vessels
- (Toxic psychosis from high doses
- (Strong psychological dependence
- (Increased tolerance for the drug (requires ‘more’ to get high)
- (Increased risk taking
- (Abscesses, tooth loss, malnutrition

Statistics

- (Amphetamine addicts outnumber heroin addicts 10 to 1.

Workplace Issues

- (Perceived increased alertness (which is offset by inclination to risk taking)
- (Physical fatigue and depression from long term use, which may affect ability to make decisions and/or operate equipment or machinery
- (Extreme exertion due to perception of increased strength can result in

death COCAINE

Cocaine is a powerful central nervous system stimulant, which causes the brain to experience exhilaration. Crack, a crystal form of cocaine, is generally more pure than powder cocaine. Cocaine may be injected, inhaled or applied to mucous membranes.

Sensations

Intense rush of pleasure, feelings of energy, reduced need for sleep or food, high initial self confidence which reduces to agitation, anxiety, and paranoia

Signs & Symptoms of Use

- | | |
|--------------------------------|-------------------------------|
| (Wide mood swings | (Distorted thinking |
| (Over excitability, agitation | (Increased pulse rate |
| (Paranoia | (Runny, irritated nose |
| (Depression | (Secretive behavior |
| (Headaches and/or nausea | (Defensiveness, anxiety |
| (Difficulty in focusing eyes | (Difficulty in concentrating |
| (Hallucinations | (Isolation, withdrawal |

Health Effects

- (Destruction of nasal passages
- (Irreversible brain damage
- (Lung damage and respiratory problems
- (Speed up of the body's aging process
- (Possible rupture of blood vessels causing strokes or heart attacks
- (Strongest mental dependency of any known drug

Statistics

- (In recent years, income from the sale of cocaine in the U.S. has been greater than the total proceeds from the motion picture and recording industry combined.
- (In 1990, 25% of the positive tests for FHWA were positive for cocaine.

Workplace Issues

- (Extreme mood and energy swings create instability
- (Lapses of attention increase the chance for accidents
- (Mood disturbances create unpredictable behavior, including violence
- (Impaired work performance: forgetfulness, absenteeism, tardiness, and

loss

- of concentration and impaired physical coordination
- (Theft of employer and co-worker property to satisfy addiction

MARIJUANA

Marijuana is a mild tranquilizer and mind/mood altering substance, which has been widely regarded as a “soft” drug. It is used by over 20 million people in the U. S., many of whom are children. The marijuana of the 1990’s is many times more powerful than the marijuana of the 1960’s & 70’s due to increased levels of THC. This means smoking 3 to 5 joints today is the same as smoking 15 to 40 joints in 1978. The effects from smoking marijuana are felt within minutes, peak in 10-30 minutes, and linger for 2-3 hours.

Sensations

Feelings of contentment and relaxation, reduced inhibitions, bouts of laughter, the “munchies”, feelings of physical weakness, increased audio and visual sensitivity

Signs & Symptoms of Use

- | | |
|---|---------------------------|
| (Slowed speech | (Lackadaisical attitude |
| (Distorted sense of reality | (Chronic fatigue |
| (Reddened eyes | (Lack of motivation |
| (Irritating cough, chronic sore throat | (Hallucinations |
| (Slowed reaction time | (Delayed decision making |
| (Reduced concentration | (Time distortions |

Health Effects

- (Chronic smoking causes emphysema-like conditions
- (Changes in heart rate and blood pressure and body temperature
- (Memory loss with possible irreversible brain damage
- (Altered sense of identity
- (Dulled attention despite illusion of heightened insight
- (Lowered immune system (more susceptible to infection)

Statistics

- (20% of new job applicants use marijuana or cocaine regularly
- (Marijuana joints contain 421 known chemicals, increasing to 2,000 chemicals when lit. These chemicals are inhaled into the lungs.

Workplace Issues

- (Long term effect on job performance due to Marijuana’s active ingredient, THC, being released from storage in body fat slowly over time
- (Impaired short term memory interfering with learning
- (Impaired eye tracking/visual distance measurements, leading to accidents
- (Reduced visual acuity making for risky machine operation
- (Reduced motivation impairing work productivity

OPIATES

Opiates or narcotics are drugs that alleviate pain, depress body functions and reactions. They may be taken orally, smoked or injected. Heroin, codeine, Demerol, and Percodan

are all opiates. After a period of reduced use, heroin is on the upswing again in the U. S.

Sensations

Intense rush of pleasure, numbness, euphoria

Sign & Symptoms of Use

- | | | | |
|---|-------------------------------|---|---------------------------|
| (| Mood swings | (| Pinpoint pupils |
| (| Depression, apathy | (| Impaired coordination |
| (| Impaired respiration | (| Nausea |
| (| Impaired physical functioning | (| Impaired mental alertness |
| (| Nervousness | (| Reduced reflexes |

Health Effects

- (Slowed heart rate, respiration, brain activity
- (Depressed appetite which may result in malnutrition
- (Increased tolerance for pain
- (Risk for AIDS and hepatitis as a result of drug injections
- (Tremors, muscle twitches
- (Toxic psychosis
- (Overdose causing convulsions, coma, and death

Statistics

- (Heroin use accounts for more than 90% of the opiate abuse in the U. S.

Workplace Issues

- (Reduced mental acuity and drowsiness can lead to workplace accidents, even with use of prescription opiates.
- (Increased pain tolerance may mean failure to report injuries or seek medical attention.
- (Reduced physical coordination can lead to accidents and injuries.
- (Apathy and depression can lead to reduced productivity.
- (Increased tolerance does lead to increased use, which produces a financial burden.

PHENCYCLIDINE (PCP)

Phencyclidine, a mood altering drug, currently has no legal use in the U. S. At one time it was used basically as a “horse tranquilizer”. PCP can act as a hallucinogen, a depressant, and sometimes as a stimulant. It can be taken orally, smoked, inhaled, or injected.

Sensations

Unpredictable: euphoria, relaxation, excitability, weightlessness, and disassociation

Four phases to PCP abuse:

- 1) acute toxicity (3-4 days)
combativeness, disorientation of size, shape and distance, convulsions, coma
- 2) toxic psychosis (not always follow stage 1)
visual/auditory delusions, paranoia, agitation
- 3) drug induced schizophrenia (may last a month)
- 4) drug induced depression (last for months)
possible suicidal tendency, mental dysfunction

Signs & Symptoms of Use

(Extreme mood shifts	(Profuse sweating
(Muscle rigidity	(Aggression
(Severe confusion and agitation	(Impaired coordination
(Altered speech patterns	(Reduced dexterity
(Increased tolerance for pain	(Disorientation

Health Effects

- (Alternating high and low blood pressure
- (Increased, irregular heart rate
- (Jerky eye movement even months after one usage
- (Self mutilation and combative behavior toward others
- (Changes in body temperature
- (Convulsions, brain hemorrhage, kidney failure
- (Flashbacks

Statistics

- (33% of patients admitted to psychiatric wards have used PCP

Workplace Effects

- (Extreme mood swings and violent tendencies create a danger in the workplace.
- (Mental confusion, reduced response time and anesthetic effect can lead to accidents and injuries on the job.